

**AMENDED AGENDA #1**  
**SENATE HEALTH & WELFARE COMMITTEE**  
**3:00 P.M.**  
**Room WW54**  
**Monday, January 17, 2022**

For members of the public to observe the meeting, please click on the following link:  
<https://www.idahoptv.org/shows/idahoinsession/ww54/>

<b>SUBJECT</b>	<b>DESCRIPTION</b>	<b>PRESENTER</b>
<b>WELCOME</b>	Opening Remarks	Chairman Martin
<b>INTRODUCTIONS</b>	New Member: Page	Shayanne Richardson
<b>INTRODUCTIONS</b>	New Member: Secretary	Lena Amoah
<b>INTRODUCTIONS</b>	New Member: Senator VanOrden	Senator VanOrden
<b>RULES REVIEW</b>	Rules Review process	Colby Cameron, Bureau Chief, Regulatory and Legislative Affairs, Division of Financial Management (DFM).
<b>RULES REVIEW</b>	Rules Review Assignments	Vice Chairman Riggs
	Informational Letter from the Idaho Podiatric Medical Association, Chairman Martin	

COMMITTEE MEMBERS

Chairman Martin  
Vice Chairman Riggs  
Sen Heider  
Sen Lee  
Sen Harris

Sen VanOrden(Bair)  
Sen Zito  
Sen Stennett  
Sen Wintrow

COMMITTEE SECRETARY

Lena Amoah  
Room: WW35  
Phone: 332-1319  
Email: [shel@senate.idaho.gov](mailto:shel@senate.idaho.gov)

MINUTES  
**SENATE HEALTH & WELFARE COMMITTEE**

**DATE:** Monday, January 17, 2022

**TIME:** 3:00 P.M.

**PLACE:** Room WW54

**MEMBERS PRESENT:** Chairman Martin, Vice Chairman Riggs, Senators Heider, Lee, Harris, VanOrden (Bair), Zito, Stennett, and Wintrow

**ABSENT/ EXCUSED:** None

**NOTE:** The sign-in sheet, testimonies and other related materials will be retained with the minutes in the committee's office until the end of the session and will then be located on file with the minutes in the Legislative Services Library.

**CONVENED:** **Chairman Martin** called the meeting of the Senate Health and Welfare Committee (Committee) to order at 3:00 p.m.

**WELCOME:** **Chairman Martin** welcomed everyone to the first meeting. He announced a short but important agenda before turning the meeting over to Vice Chairman Riggs for Administrative Rules.

**INTRODUCTIONS:** **Chairman Martin** asked the Senate Page to step to the podium and tell the Committee about herself. **Ms. Shayanne Richardson** stated she is from Rigby and is a senior at Deseret Study Abroad Academy which is a private school where they study different countries and then go to those countries. She is 18 and loves art and animation. **Chairman Martin** asked Ms. Richardson why she wanted to be a page. **Ms. Richardson** replied that all of her siblings were pages and it was a great opportunity and experience she wanted to share with them. **Senator Heider** asked Ms. Richardson what countries she had been to. **Ms. Richardson** responded she has been to Egypt and Ecuador and most recently Washington D.C.

**Chairman Martin** announced a new secretary for this year and asked her to introduce herself. **Ms. Lena Amoah** stated she was born and raised in Caldwell. Her first career was in IT at Micron and St. Alphonsus and later was a cook at the College of Idaho and at Micron. **Ms. Amoah** believes working for the Senate would be a great opportunity to learn about the legislative system and has been enjoying it.

**Senator Martin** introduced a new committee member, Senator VanOrden, and asked her to introduce herself. **Senator VanOrden** stated she was a former member of the House of Representatives having served there for three terms. Senator Steve Bair asked her to substitute for him while he is unavailable for personal issues. She is from Pingree and grew up in Blackfoot. She is married to a potato farmer as that was her profession at this time.

**ANNOUNCEMENT:** **Chairman Martin** informed the Committee of an e-mail for them to review from the Medical Association concerning an administrative rule. **Chairman Martin** has met with the chairman from the House Health and Welfare Committee about this issue. There are some legal questions on this rule to be resolved. The docket is already in existence. He explained that it will be discussed at a later date but that he wanted the Committee to be aware of it (see Attachment 1).

**Chairman Martin** announced a new security system at the back door for everyone to be aware of.

**PASSED THE  
GAVEL:**

**Chairman Martin** passed the gavel to Vice Chairman Riggs.

**RULES REVIEW:**

**Vice Chairman Riggs** indicated the Committee would ease into the rules and will start with a review of the rules review process. He reaffirmed the rule Chairman Martin referred to was currently under legal review. The Committee's responsibility was to review and approve all the existing rules. He noted most rules were reviewed and approved last year and unless there was a specific issue like the one from Chairman Martin, these rules will be put together in a singular motion to approve the rules that haven't changed since last year. **Vice Chairman Riggs** stated rules that have seen a language change, a statutory change, or a fee change will be assigned out and distributed to Committee members this afternoon.

**Vice Chairman Riggs** introduced Colby Cameron from the Idaho Division of Financial Management (IDFM) he had been invited to give a brief refresher on the rules review process, why the committee was looking at these rules that have changed and answer any specific questions about the process that members of the Committee might have.

**Colby Cameron**, Bureau Chief, IDFM introduced himself to the Committee. **Mr. Cameron** provided a brief overview of the Idaho administrative rules process. He explained the history of the current procedure was to review all rules every year and the process used by the agencies to develop rules. **Mr. Cameron** noted that the Governor's Executive Order 2020-01, Zero-Based Regulation, required agencies to review 20 percent of their rules each year. He reported that IDFM asked the agencies to provide meaningful information to the various legislative committees regarding their rule changes. **Mr. Cameron** suggested the Committee make one motion for each rule docket, rather than separate motions for each section of a docket. All rules went temporary July 1 and will be in effect until sine die.

**Vice Chairman Riggs** stated there was some confusion last year about the docket level vs. other levels. He will make sure to provide the docket number and specific rule number to make it easier to work through the rules review process.

**DISCUSSION:**

In response to questions from the Committee, **Mr. Cameron** responded that the rules do not show changes because they were all considered new rules. He said the agencies were encouraged to provide summaries or redline versions of rule changes to the committees. **Mr. Cameron** added that Idaho has a robust rules review process. He remarked that the agencies have conducted negotiated rulemaking and held open public meetings to develop rule changes. Mr. Cameron urged the Committee to rely on the agencies' efforts. An agency can adopt a temporary rule change in the interim if necessary to correct an error. **Mr. Cameron** noted that the Committee can approve or reject an entire docket or reject part of a docket at the section level.

**Vice Chairman Riggs** relayed that he has sent out copies of the redline from Mr. Frost to the Committee.

**Mr. Cameron** stated he is providing handouts on how to find the legislative review book online and a couple different pages detailing omnibus rulemaking, how they are described and how they are printed (see Attachment 2).

**Vice Chairman Riggs** reminded the Committee, rule assignments and the order

of the dockets being reviewed will be sent out this afternoon..

**PASSED THE  
GAVEL:**

Vice Chairman Riggs passed the gavel to Chairman Martin.

**ADJOURNED:**

There being no further business at this time, **Chairman Martin** adjourned the meeting at 3:25 p.m.

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Senator Martin  
Chair

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Lena Amoah  
Secretary

## **Senator Fred S. Martin**

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**From:** Kylin Kovac <kylinkovac@gmail.com>  
**Sent:** Friday, January 14, 2022 8:36 AM  
**To:** Senator Fred S. Martin; fredsmartin@hotmail.com  
**Subject:** Letter from Idaho Podiatric Medical Association  
**Attachments:** IPMA letter to Senator Martin.docx

Dear Senator Martin,

I write to you in my capacity as President of the Idaho Podiatric Medical Association. I represent all of the Podiatric Physicians in the state of Idaho. We recently discovered a significant issue with an IDAPA regulation that directly and significantly impacts each of the Podiatric Physicians in the state of Idaho. We would appreciate your consideration of this matter during the current Legislative session. Please see the attached letter that outlines our concerns.

Respectfully,

**Kylin Kovac DPM, FACFAS**  
President - Idaho Podiatric Medical Association  
Podiatric Physician & Surgeon  
Idaho Foot & Ankle Center

801-830-4974

[kylinkovac@gmail.com](mailto:kylinkovac@gmail.com)

[www.IdahoFootandAnkleCenter.com](http://www.IdahoFootandAnkleCenter.com)



Senator Fred S. Martin  
3672 Tumbleweed Pl.  
Boise, Idaho 83713

Dear Senator Martin:

My name is Kylin Kovac, DPM, and I currently serve as the President of the Idaho Podiatric Medical Association (IPMA). The IPMA is the major professional association for podiatric physicians in the state of Idaho and represents the interests of all podiatrists in the state. The following IDAPA regulation has come to the attention of our organization, which reads as follows:

(c) All prosthetic and orthotic devices that require fitting must be provided by an individual who is certified or registered by the American Board for Certification in Orthotics or Prosthetics, or both.

IDAPA 16.03.09.772.01(c). This regulation was adopted in 2007, but, to my knowledge, has never been enforced against any podiatric physician until just recently. Indeed, a poll of our organization did not reveal a single podiatrist who was aware of the regulation or against whom the regulation had ever been enforced, save for one recent incident.

At the IPMA's recent annual meeting in Sun Valley on January 6-8, 2022, our organization discussed this IDAPA provision in detail. Following that, our organization voted to oppose this regulation and authorized me to correspond with you to express that opposition. I am aware that attorney Kevin West has corresponded with you recently and provided you a letter addressed to Dave Jeppesen, Director of the Idaho Department of Health and Welfare, dated November 16, 2021. That letter sets forth the basis for the IPMA's opposition to the IDAPA regulation in question. Simply put, Idaho's regulation conflicts with federal law and would disrupt the common practice of podiatrists for many decades in prescribing and supplying custom fitted orthotics and prosthetics to their Medicaid patients. Unlike any other medical specialty, podiatrists are uniquely trained and qualified to provide custom fitted orthotic and prosthetic devices to their patients for lower extremity conditions. Their training is part of the standard podiatry school education as well as most common podiatric residency programs in the United States. The certification required in the IDAPA regulation would be from a body which does not allow certification of any physician, including podiatrists. Rather, the certification is only for mid-level professionals such as orthotists and prosthetists. Thus, because podiatrists cannot obtain the certification required by the IDAPA, they would not be able to ever supply custom-fitted prosthetics or orthotics to their patients, despite the fact that this has been done in podiatry for decades. Based upon the above, the IPMA respectfully requests that IDAPA 16.03.09.772.01(c) be either (1) deleted entirely, or (2) that foot and ankle specialists (orthopedic surgeons and podiatrists) be exempted from the regulation because they already have the expertise and do not need the certification required by the subsection.

I would be happy to discuss this matter with you further or appear at any hearing as needed to discuss this matter.

Very truly yours,

A handwritten signature in black ink, appearing to read "K. Kovac", written over a horizontal line.

Kylin Kovac, DPM  
President, Idaho Podiatric Medical Association

## **Directions to find the Legislative Review Books 1/17/2022**

- Go to the Idaho Legislature web page
  - <https://legislature.idaho.gov/>
- Click on Laws and Rules
- Then, click on Administrative Rules
- In the upper right-hand corner of the web page under Legislative Rules Review, click
  - 2022 Legislative Session Administrative Rules Review Books
  - [https://adminrules.idaho.gov/legislative\\_books/2021/](https://adminrules.idaho.gov/legislative_books/2021/)
    - **You can also bookmark this link to get straight Legislative Rules Review Books**
- Now go to your specific House or Senate Committee
- There are 2 links to click on to get the **Rules Review Book for Health & Welfare**
  - Pending Rules Review Book
  - Pending Fee Rules Review Book

**Senate Health & Welfare Rules Review 1/17/2022**

**Pending Rules Dockets**

- 3 Total

**Pending Fee Rules Dockets**

- 1 total
  - o Omnibus Dockets end in **2100F**



Describe what the reauthorized rules packages will look like

**How were rules re-published?**

- All the Fee and Non-Fee Rule Chapters were published as temporary then proposed then pending.
  - The *temporary* rules continue in full force and effect until *sine die*
  - The *proposed* rules were finalized as *pending* rules which will be presented to the legislature for final approval to extend beyond *sine die*

# Describe what the reauthorized rules packages will look like

## How are changes identified in reauthorized rules?

- Agencies continued a review of reauthorized rules to remove obsolete/outdated provisions and make the rules more concise. Approximately 20 percent of the rules underwent Zero-Based Rules(ZBR) Review consistent with the Executive Order
  - Directed agencies to review, discuss any needed updates, and take the rule chapters through negotiated rulemaking.
- All previous Fee rules expired upon Sine Die of the 2021 Legislature. The previous Non-Fee rules expired July 1, 2021. Since reauthorized rules are new rules, They are published consistent with new rules. There is no existing rule to amend so the traditional ~~striketroughs~~ and italics do not apply.
- There are some indicators to help determine when a rule changed:
  - The Notices of Rulemaking provide a narrative description of the changes made;
  - There are several ways that legislators may view previous rules for comparison purposes;
    1. An archive of any rule since 1996 is available on the DFM website. This allows legislators to see the evolution of a rule over time.
    2. The Legislative Services Office analyzes all proposed rules. You can find their analysis of proposed rules which, in some cases, may discuss changes between previous rules and the proposed rules. These may be found on the Legislature's website.
    3. Changes made between the proposed and pending rule stages for omnibus rulemaking were noted in the December 22 bulletin where applicable.
    4. Contact the agency as they are the expert on their rules.

# Describe the legislative review of omnibus rules

## How is legislative review different for omnibus rules?

- The same statutes apply. Per 67-5291:
  - “A concurrent resolution may be adopted approving the rule, in whole or in part, or rejecting the rule where it is determined that the rule, or part of the rule, is not consistent with the legislative intent...”
  - “For purposes of this section, “part of a rule” means a provision in a rule that is designated either numerically or alphabetically or the entirety of any new or amended language contained therein.”

## Committee Motions

Motions should be made at the Docket number level. If a docket has multiple chapters in it, the motion is made at the docket level not the chapter level.

AGENDA  
**SENATE HEALTH & WELFARE COMMITTEE**  
**3:00 P.M.**  
**Room WW54**  
**Tuesday, January 18, 2022**

For members of the public to observe the meeting, please click on the following link:  
<https://www.idahoptv.org/shows/idahoinsession/ww54/>

SUBJECT	DESCRIPTION	PRESENTER
PRESENTATION	Covid Presentation	Dr Huntington, Physician, St. Lukes Tom Murphy, CEO Minidoka Memorial Hospital Dr Witte, Physician, IDHW

COMMITTEE MEMBERS

Chairman Martin  
Vice Chairman Riggs  
Sen Heider  
Sen Lee  
Sen Harris

Sen VanOrden(Bair)  
Sen Zito  
Sen Stennett  
Sen Wintrow

COMMITTEE SECRETARY

Lena Amoah  
Room: WW35  
Phone: 332-1319  
Email: shel@senate.idaho.gov

MINUTES  
**SENATE HEALTH & WELFARE COMMITTEE**

**DATE:** Tuesday, January 18, 2022

**TIME:** 3:00 P.M.

**PLACE:** Room WW54

**MEMBERS PRESENT:** Chairman Martin, Vice Chairman Riggs, Senators Heider, Lee, Harris, VanOrden (Bair), Stennett, and Wintrow

**ABSENT/ EXCUSED:** Senator Zito

**NOTE:** The sign-in sheet, testimonies and other related materials will be retained with the minutes in the committee's office until the end of the session and will then be located on file with the minutes in the Legislative Services Library.

**CONVENED:** **Chairman Martin** called the meeting of the Senate Health and Welfare Committee (Committee) to order at 3:00 p.m.

**PRESENTATION:** **Dr. Ann Huntington**, Hospital Medicine Physician at Saint Luke's and Medical Director of the Boise, Meridian Hospitalist at St. Luke's. She relayed she was employed by St. Luke's, but not officially representing them today and won't be discussing any policies or any of the decisions at the health system level. This is purely a message of the clinicians and the frontline medical providers. **Dr. Huntington** provided details on COVID-19 including symptoms, those most affected and their medical needs. Nurses, doctors, and other medical staff were working tirelessly to help patients recover. She explained long COVID symptoms such as fatigue, shortness of breath, and cognitive issues may affect up to 15% of Idahoans. **Dr. Huntington** provided several stories of nurses and doctors spending time holding hands and caring for patients in their last minutes of life.

**COMMITTEE QUESTIONS:** In response to Committee questions about what Idahoans and Legislators could do to help. **Dr. Huntington** responded that easier access to COVID-19 testing to lower emergency department visits, assist public health officials to get the information out, more residency programs to have a pipeline for more physicians, and emotional support were valuable as well.

**PRESENTATION:** **Mr. Tom Murphy**, CEO, Minidoka Memorial Hospital. Mr. Murphy provided details on what the hospital had done during COVID-19. The impact on patients had been seen in the inability to transfer critical patients to other hospitals and not being set up for the critical care required for COVID-19 patients. Employees had been impacted by covering more shifts to assist with the case load. **Mr. Murphy** reports losing nurses to travel nursing and early retirement due to burnout. He asked the Committee to support the education budget to enable more people to get their certification or degrees to assist with the shortage. The hospital had been seeing a shortage of supplies sometimes causing delays in treatments. Hospitals were not able to work on future planning and growth due to the time it takes to deal with day to day operations through this pandemic. They did receive Cares Act Funding and State assistance and thanked the Senators for helping with that. (see Attachment 1)

**COMMITTEE QUESTIONS:** How had the cancellation of procedures affected the revenue of the hospital. **Mr. Murphy** reports his hospital had made it through okay but without the Cares Act and federal funds many small hospitals in Idaho would have not survived. He stated some larger hospitals were reporting as many as 5,000 postponed surgeries.

**DISCUSSION:** **Chairman Martin** explained to the Committee there was a handout in their packets for them to review. (see Attachment 2)

**PRESENTATION:** **Dr. Marcia Witte**, Division of Public Health, Idaho Department of Health and Welfare (DHW) and Internist, St. Luke's McCall, introduced herself. **Dr. Witte** talked about outpatient therapeutics for COVID-19 and the departments role in the distribution.

- long acting monoclonal antibodies for pre-exposure or prevention
- monoclonal antibodies for post-exposure and treatment of mild to moderate COVID-19
- oral antiviral medications for the treatment of lab confirmed mild to moderate COVID-19 in individuals at high risk for progressing to severe disease

**Dr. Witte** relayed there was limited supply of some therapeutics so distribution had been a challenge. Several medications were not effective against the Omicron variant and they were transitioning away from their use. She also discussed the ways information had been relayed to providers and the public. (see Attachment 3)

**DISCUSSION:** **Chairman Martin** referred the Committee to the handout he spoke about earlier. He emphasized the death toll at 122 people per legislative district. **Senator Wintrow** would like to have Chairman Martin have insurers provide information on who was paying the bills and what were the long term impact to premiums, how the Indigent CAT Fund was being affected and the impact on hospitals. **Chairman Martin** reported there would be other groups providing that information in upcoming meetings. He reminded the Committee the Indigent CAT Fund was being changed and would hopefully have a bill to make sure hospitals would be made whole.

**ADJOURNED:** There being no further business at this time, **Chairman Martin** adjourned the meeting at 4:11 p.m.

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Senator Martin  
Chair

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Lena Amoah  
Secretary

#### What we have done:

- Treated our first COVID patient April 15, 2020 and have done so consistently ever since then
- Average COVID patient stays 6 days versus our pre covid ALOS of 2.5 for influenza and pneumonia. They also have an average cost of \$35k compared to \$12k for pneumonia and influenza. Costs can be exponentially higher for those that need to be intubated or placed in an ICU.
- We have taken a few cases from the larger PPS hospitals into our one bed ICU to off load volumes at the larger facilities. First time in my career that life flight has brought patients to a CAH.
- We have become much more proficient at critical care out of necessity, many times there is absolutely no where to transfer complex cases.
- At one point during the last wave of the Delta Variant covid admissions were 70% of our census and it rarely dropped below 50% until late December of 2021.
- ECF experience has been challenging, death, isolation, inability to admit patients. Decrease in number of beds to create more hospital beds.

#### Impact on Patients

- Delayed care for several patients, example of hip pinning, delayed surgery due to staffing or safety.
- We had two patients that elected to go home with family to die due to no availability of an ICU bed in all of Idaho and Utah. They elected to go home just prior to us activating our tirage committee.
- We have had several patients get stuck in our ED with no prospect of admission anywhere that could take care of them, this has happened more commonly among those needing mental health care. We have also seen an increase in suicide attempts and mental health issues due to the pandemic and the isolation and uncertainty.
- Many have avoided care or have been diagnosed with other life-threatening diseases much later than desired creating an increased risk of failure of successful treatment.

#### Impact on employees

- Many have worked tirelessly, covering for co-workers that may be out sick, some working 10 to 14 days in a row.
- We have seen many retire or leave the profession completely
- Recently we have lost many to travel assignments leaving us severely short staffed. Just in the last two weeks we have had as many as 18 open shifts on our medical floor, a significant number for our small facility.
- Add this shortage to the 25 employees currently out with COVID or influenza, more than 10% of our clinical staff.
- This situation puts even more pressure on those that are still working to make up for the shortfall.
- We have had to increase nursing wages 25% to retain and recruit, this is financially unsustainable.
- Our staff are tired, burnt out, and emotionally drained.

- Talk about how a community death upset the entire clinical staff.

#### Impact on Supply chain

- Supply chain issues have been extremely disruptive, delaying surgeries even more, we have had to pivot quickly to use other methods or obtain supplies through other channels, seeing pricing increased in some cases 300 times more costly
- Oxygen usage went from 2 inches per week to 13 inches per day, expansion of our oxygen system into the swing bed unit.
- Constantly having to change testing methods to meet community need for testing.
- Severe Blood shortage creating a higher risk for performing surgeries or responding to trauma cases in our ED. This is a statewide and national issue that is very life threatening.

#### Strategy and future planning

- We are experiencing unbelievable growth in our state and our service area is no exception. We need to be planning and preparing to meet the needs of this growth, but the pandemic has delayed everything. Our strategic plan is behind at least two years putting even more pressure on our services. This is echoed by many hospitals around the state
- Serious shortages in labor supply, and some of that due to lack of appropriate funding in our state colleges and universities.
- Data collection used to help guide our decision making and planning is also behind.

#### Cares Act Funding and State assistance

- Through the CARES act funding we were able to take care of our staff financially during unprecedented workloads, improve infection control by upgrading cleaning equipment and facility improvements.
- We have administered close to 10k doses of the vaccine to our community and created safe environments for care.
- Thanks should be given to the leaders of the state for this assistance.
- I would also like to thank Director Dave Jeppesen and his team for being so supportive and aiding in the provisions of emergency staffing from FEMA and the national guard.
- Small ask, please don't enact more legislation, we don't need more laws or mandates that may put us in contradiction with the state or our federal payor sources. Administration is tough enough as it is and the burn out among hospital leadership is also high.

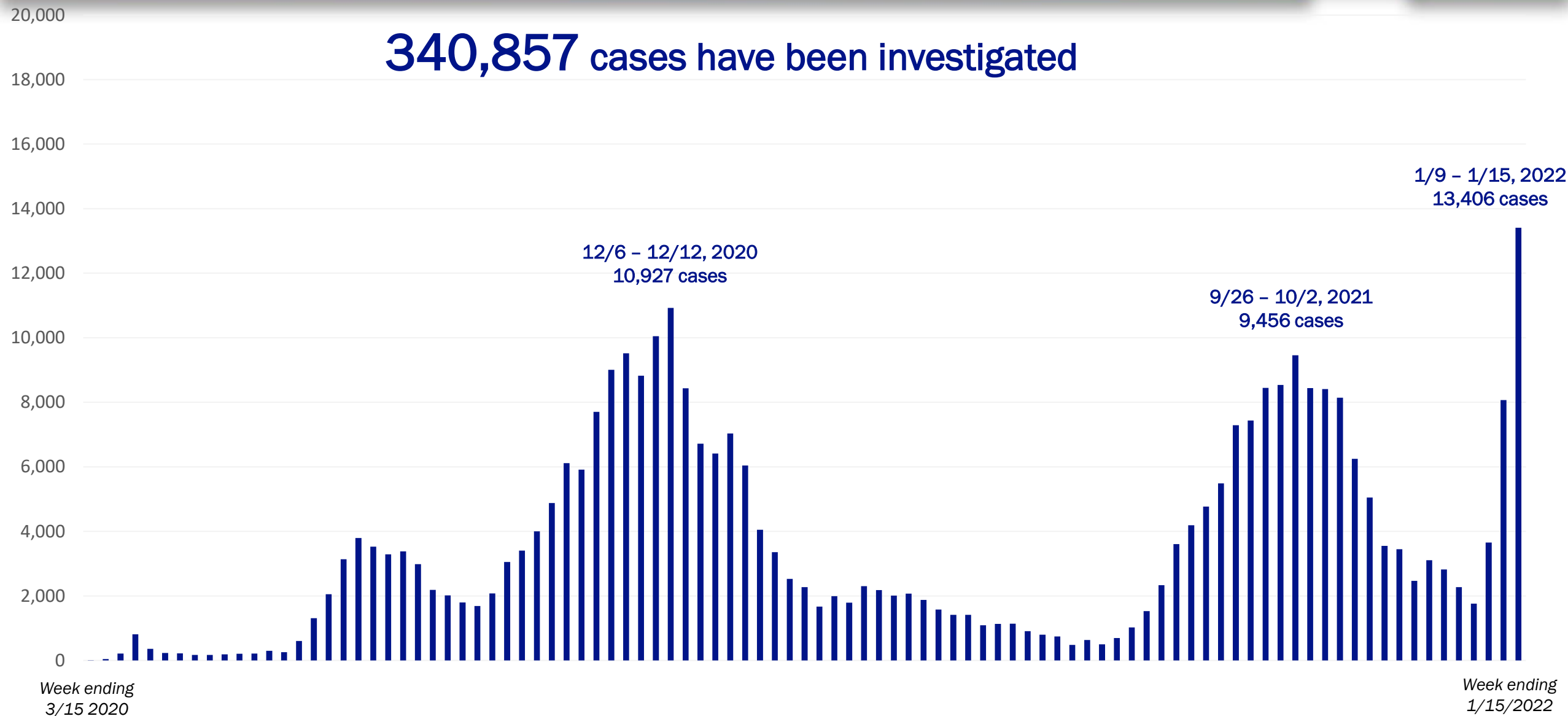


# Weekly COVID-19 cases investigated

1



**340,857** cases have been investigated

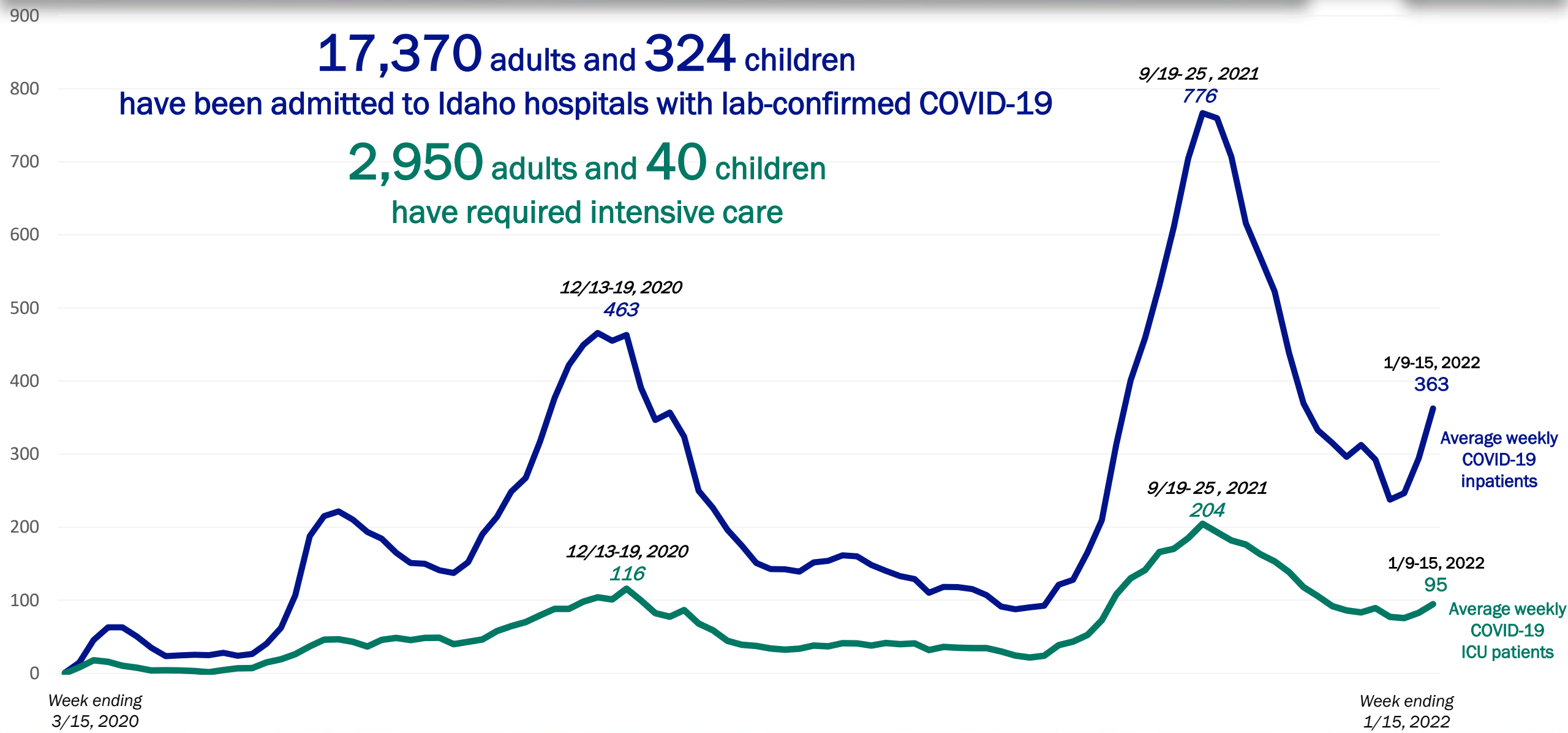


# Average weekly number of patients in the hospital and patients in intensive care with COVID-19



**17,370** adults and **324** children  
have been admitted to Idaho hospitals with lab-confirmed COVID-19

**2,950** adults and **40** children  
have required intensive care



# Cumulative COVID-19 associated deaths reported

3



Filing of death certificates may take up to 4 weeks after death. Most recent data are incomplete

Good afternoon, Mr. Chairman and Senators –

My name is Marcia Witte, and I am here representing the Idaho Department of Health and Welfare. I am an internist by training and work part-time in the Department's Division of Public Health and part-time at St Luke's McCall.

I am here to talk to you about outpatient therapeutics for COVID-19 and the Department's role in their distribution.

The good news is that we have more therapeutic options now to prevent and treat COVID-19 than we have had at any other time during this pandemic.

The unfortunate news is that these therapeutics are in extremely limited supply, especially with the emergence of the Omicron variant.

Today, I will briefly review the various therapeutic options currently authorized to prevent or treat COVID-19.

Then, I will explain how these therapeutics are currently being distributed.

Finally, I will review how the information is being shared with providers and the public.

Currently, there are 3 different categories of therapeutics for the outpatient prevention and treatment of COVID-19.

The **first category** is long-acting monoclonal antibodies authorized for pre-exposure prophylaxis (or prevention) of COVID-19. The only product in this category is a product called Evusheld, and it just received FDA authorization in early December. Evusheld is authorized for use in individuals 12 years of age and older weighing at least 40 kg who are **not** currently infected with SARS-CoV-2 and who have **not** had a recent exposure to an individual with SARS-CoV-2 infection AND either:

- Have a compromised immune system and may not mount an adequate immune response to the COVID-19 vaccination **or**;
- Vaccination with any available COVID-19 vaccines is not recommended due to a history of a severe adverse reaction to a COVID-19 vaccine or components of those vaccines.

In one clinical trial, Evusheld reduced the risk of symptomatic infection by 77% compared to placebo.

The **second category** of therapeutics is the monoclonal antibodies authorized for post-exposure prophylaxis (in some cases) and treatment of mild-to-moderate COVID-19. There are three products in this category that have received FDA authorization and are currently available:

- One is the combination of casirivimab and imdevimab – or the Regeneron product
- Another is the combination of bamlanivimab and etesevimab
- And the third is a product called Sotrovimab

Unfortunately, the first two products, which were available during the Delta surge, are not thought to retain activity against the Omicron variant. That leaves us with just sotrovimab which is authorized for the treatment of lab-confirmed mild-to-moderate COVID-19 in adults and pediatric patients (12 years of age and older weighing at least 40 kg) who are at high risk of progressing to severe COVID-19, including hospitalization or death.

In clinical trials, sotrovimab reduced the risk of hospitalization or death by 79% compared to placebo.

Finally, the **third category** of therapeutics is the oral antiviral medications, Paxlovid and molnupiravir. These two medications just received FDA authorization in late December. They are authorized for the treatment of lab-confirmed mild-to-moderate COVID-19 in individuals at high risk for progressing to severe disease. Paxlovid is authorized for patients 12 years of age and older weighing at least 40 kg; Molnupiravir is authorized for use in adults only. Both medications must be given within 5 days of symptom onset.

In clinical trials, Paxlovid reduced the risk of hospitalization and deaths by 88% compared to placebo, and molnupiravir reduced the risk of hospitalization and deaths by 30% compared to placebo.

Now, I want to discuss the Department's role in the distribution of these therapeutics. The U.S. Government has purchased these therapeutics, and the U.S. Department of Health and Human Services coordinates their distribution. In mid-September, HHS transitioned from a direct ordering system to a system in

which distribution is coordinated by the states and territories. Currently, every week Idaho receives an allocation of the monoclonal antibodies, and every other week, Idaho receives an allocation of the oral antiviral medications.

All of these therapeutics are in extremely short supply nationally. As an example (and this is a slight uptick compared to previous weeks), this week Idaho was allocated:

360 doses of Evusheld and

102 doses of sotrovimab...for the entire state

Last week, we received our 2-week allocation of the oral antivirals, and these quantities were:

400 doses of Paxlovid

1600 doses of molnupiravir...again, for the entire state

Suballocation to sites around Idaho has been challenging given the limited supply. When casirivimab/imdevimab and bamlanivimab/etesevimab were effective against the circulating variants, we had sufficient supply to fulfill most requests for product from facilities. During that time, at the direction of the Governor, we also established four monoclonal administration sites around the state that are supported with state funds – one in N Idaho, one in Idaho Falls, one in Boise, and one in Nampa.

Given their lack of effectiveness against the Omicron variant, we are now transitioning away from the use of casirivimab/imdevimab and bamlanivimab/etesevimab, and you can tell from the numbers I provided that we have insufficient supply of the other therapeutics to meet the demand. Our strategies for allocation have basically been as follows:

- For **Evusheld**, we have followed HHS guidance and worked with cancer centers around the state since they are likely to treat the majority of highly immunocompromised individuals. We will broaden the types of locations receiving Evusheld as supply increases.
- For **sotrovimab**, we have tried to support broad geographic distribution and provided a small quantity of product to multiple sites around Idaho. We have recommended that sites reserve sotrovimab for their highest risk patients.
- For the **oral antivirals**, we are distributing to a limited number of pharmacies around the state that are part of the federal retail pharmacy

partnership program. There is at least one of these pharmacies in each of the seven public health districts.

In addition, we have emphasized that these therapeutics should be reserved for the highest risk patients and have pointed providers and facilities to the NIH Treatment Guidelines that outline “Patient Prioritization Strategies When There are Logistical or Supply Constraints.”

Finally, we have shared this information with providers and the public in a number of ways:

- We have sent out multiple messages to providers via the public health districts through the Health Alert Network messaging system regarding the availability of these therapeutics
- Public health districts have sent out their own messages to providers and also assisted in dissemination of information about the state-supported monoclonal antibody administration sites to providers and the public
- We contacted oncologists directly via email about the availability of Evusheld
- Information about the different therapeutics is posted on the Idaho coronavirus website, including a map produced and maintained by HHS that shows the locations and availability of the newer therapeutics
- The therapeutics have been mentioned in multiple press briefings and during a recent continuing education talk to medical providers by Dr. Hahn

In conclusion, we have multiple therapeutic options available for use, but unfortunately they are currently in limited supply. As supply increases, the Department will continue to quickly distribute these therapeutics as widely as possible. Patients should discuss with their medical providers the options that are most appropriate for them but should also continue to protect themselves from infection in other ways such as through vaccination and other preventive measures.

That concludes my remarks. Thank you for your time. Mr. Chairman - I’m happy to take questions.

**AMENDED AGENDA #1**  
**SENATE HEALTH & WELFARE COMMITTEE**  
**3:00 P.M.**  
**Room WW54**  
**Tuesday, January 25, 2022**

For members of the public to observe the meeting, please click on the following link:  
<https://www.idahoptv.org/shows/idahoinsession/ww54/>

SUBJECT	DESCRIPTION	PRESENTER
PRESENTATION	Mental Health and Suicide Prevention Advocacy Day	Mike Sandvig, President Emeritus, National Alliance on Mental Illness (NAMI) Lee Flinn, Director, Idaho Suicide Prevention Hotline Stewart Wilder, President, Idaho Suicide Prevention Coalition
<a href="#">16-0000-2100</a>	Notice of Omnibus Rulemaking - Proposed Rule	Tamara Prisock, Dept. of Health & Welfare
<a href="#">16-0000-2100F</a>	Notice of Omnibus Rulemaking (Fee Rule) - Proposed Rule	Tamara Prisock

***Public Testimony Will Be Taken by Registering Through the Following Link:***  
***[Register to Testify](#)***

***If you have written testimony, please provide a copy to the committee secretary.***

COMMITTEE MEMBERS

Chairman Martin  
Vice Chairman Riggs  
Sen Heider  
Sen Lee  
Sen Harris

Sen VanOrden (Bair)  
Sen Zito  
Sen Stennett  
Sen Wintrow

COMMITTEE SECRETARY

Lena Amoah  
Room: WW35  
Phone: 332-1319  
Email: [shel@senate.idaho.gov](mailto:shel@senate.idaho.gov)



MINUTES  
**SENATE HEALTH & WELFARE COMMITTEE**

**DATE:** Tuesday, January 25, 2022

**TIME:** 3:00 P.M.

**PLACE:** Room WW54

**MEMBERS PRESENT:** Chairman Martin, Vice Chairman Riggs, Senators Heider, Harris, VanOrden (Bair), Zito, Stennett, and Wintrow

**ABSENT/ EXCUSED:** Senator Lee

**NOTE:** The sign-in sheet, testimonies and other related materials will be retained with the minutes in the committee's office until the end of the session and will then be located on file with the minutes in the Legislative Services Library.

**CONVENED:** **Chairman Martin** called the meeting of the Senate Health and Welfare Committee (Committee) to order at 3:00 p.m.

**PRESENTATION & DISCUSSION:** **Mental Health and Suicide Prevention Advocacy Day. Mike Sandvig**, President Emeritus, National Alliance on Mental Illness (NAMI), introduced himself to the Committee. **Mr. Sandvig** gave an overview of NAMI and its mission. He described NAMI's 2021 activities and the impacts of untreated mental health issues (see Attachment 1).

**Lee Flinn**, Director, Idaho Suicide Prevention Hotline (ISPH), introduced herself to the Committee. **Director Flinn** provided the history and mission of the ISPH. She noted that the ISPH operates 24 hours a day, 7 days a week, pursuant to a contract with the State of Idaho. **Director Flinn** said the ISPH also receives calls about other mental health struggles, including depression, anxiety, and loneliness. She reported that the 988 universal mental health and suicide prevention crisis number will go live on July 16, 2022. **Director Flinn** noted that calls to the 988 crisis number will be routed to the ISPH. She added that the ISPH helps a caller strengthen their resilience and create a safety plan. **Director Flinn** advised that 2021 call volume was 34 percent higher than in 2020.

In response to questions from **Senator Wintrow** about the ISPH budget and funding, **Director Flinn** answered that the ISPH receives a State appropriation equivalent to 30 percent of the ISPH budget. The balance of the ISPH budget comes from fundraising, she said. **Director Flinn** commented that additional funding will be needed to prepare for and operate the 988 crisis number. She thanked the Governor for his budget support for the 988 crisis number.

**Chairman Martin** reminded the Committee that the 211 Idaho Care Line is an additional resource for mental health issues.

**Stuart Wilder**, President, Idaho Suicide Prevention Coalition and LiveWilder Foundation, introduced himself to the Committee. **Mr. Wilder** stated he is also the co-chair of the Idaho Suicide Prevention Action Collective (ISPAC) and a member of the Governor's Council on Suicide Prevention. He described the role of the ISPAC in advancing the goals of the State's five year suicide prevention plan. **Mr. Wilder** thanked the Idaho Department of Health and Welfare (Department) for their collaboration and assistance. He described the steps taken to prepare for implementation of the 988 crisis number. **Mr. Wilder** commented that there is a disparity between behavioral health and physical health funding and access to care. He added that the ISPAC and the Governor's Behavioral Health Council (BHC) are working on strategic legislative initiatives to improve access to care

and resources. **Mr. Wilder** thanked the Committee and the Legislature for their leadership and support.

**Senator Wintrow** inquired about ways to reduce access to firearms for people experiencing a mental health crisis. **Mr. Wilder** replied that a previously established task force on this issue had stalled out. He said that access to any lethal means is an issue that the ISPAC will continue to address with the BHC.

**Vice Chairman Riggs** offered his support for suicide prevention efforts. He commended Mr. Wilder for his commitment to the cause of suicide prevention. **Mr. Wilder** reminded the Committee that funding is the key to making a big difference.

Chairman Martin passed the gavel to Vice Chairman Riggs.

**PASSED THE  
GAVEL:**

**DOCKET NO.  
16-0000-2100**

**Notice of Omnibus Rulemaking - Proposed Rule**, p. 44. **Tamara Prisock**, Administrator, Division of Licensing and Certification, Department, introduced herself to the Committee. **Ms. Prisock** provided a spreadsheet summarizing the Department's rule changes (see Attachment 2). She advised that 32 chapters were unchanged from last year. **Ms. Prisock** stated that the Department completely rewrote nine chapters as directed by the Governor's Zero-Based Regulation Act (ZBR). She reported that the Department eliminated 16.03.23 because it was unnecessary.

**Ms. Prisock** explained the regular changes to four rule chapters. She described the waiver process added to 16.01.03 to enable emergency medical services agencies to provide higher level care in rural areas. **Ms. Prisock** reported that the changes to 16.01.09 and 16.03.10 (a) aligned the rule with H 0351 passed in 2020; and (b) extended some relaxed requirements established under the COVID-19 public health emergency. She noted the additional changes to 16.01.09 (a) updated provider qualifications to expand the provider network for audiologists and resident physicians; and (b) added language to facilitate the transition from a cost-based to a value-based reimbursement methodology for acute care hospitals. **Ms. Prisock** advised that the Department removed an incorporation by reference from 16.05.04.

Next, **Ms. Prisock** noted that the ZBR requires agencies to conduct a comprehensive review of one-fifth of all agency rules each year. She mentioned that the Department worked with stakeholders to review nine chapters of rules in 2021. The changes:

- removed outdated requirements;
- rewrote and reorganized sections for clarity;
- added new language related to federal requirements, court orders, or Idaho Code references;
- included information that was negotiated with stakeholders; and
- relaxed requirements while protecting public safety.

**Ms. Prisock** said the Department achieved an overall 34 percent reduction in the total number of words and a 53 percent reduction in the number of restrictive words in the rewritten chapters. She briefly summarized the changes in each of the nine rule chapters reviewed by the Department.

**DISCUSSION:**

**Senator Wintrow** asked about the process to change the rules and whether the Department received any negative feedback. **Ms. Prisock** replied that the Department held 26 negotiated rulemaking sessions and one public hearing in 2021. She reported that the Department had good participation from stakeholders but little input from the public hearing. There were no written public comments for either omnibus docket, she said.

There was much Committee discussion regarding the difficulty in identifying changes to the rules without a redline version. **Vice Chairman Riggs** commented that the Committee will vote on the dockets at a future meeting to allow time for further review of the dockets.

**Chairman Martin** stated that the Department advised him of a possible legal issue pertaining to 16.03.09.772.01c. He intends to reject that portion of the rule, he said.

**DOCKET NO.  
16-0000-2100F**

**Notice of Omnibus Rulemaking (Fee Rule) - Proposed Rule, p. 3.** **Ms. Prisock** referred the Committee to her rules spreadsheet (Attachment 2). She advised that the Department made regular changes to three chapters. **Ms. Prisock** noted that the Department rewrote three chapters pursuant to the ZBR. She reported that 11 chapters were unchanged.

**Ms. Prisock** stated that the Department's changes to 16.03.22 (a) replaced the informal dispute resolution process with alternatives for facilities to appeal enforcement actions; and (b) clarified which assistance with medications course is acceptable to satisfy the staff training requirement for licensure of assisted living facilities. She advised that the Department changed 16.06.01 and 16.06.02 to (a) align rules to comply with H 0336 passed in 2021; (b) updated definitions for consistency across rule sections; and (c) clarified and updated age and eligibility requirements for various programs.

**Ms. Prisock** noted that the Department reviewed one-fifth of its fee rules pursuant to the ZBR. She said the changes to 16.02.08:

- removed unneeded and obsolete definitions and language;
- clarified language regarding miscarriage certificates;
- improved processes for correcting data entry errors and the timeline to provide supplemental information for death certificates;
- simplified requirements for local registration and consolidated several related sections; and
- removed an obsolete fee structure.

**Ms. Prisock** advised that the Department rewrote 16.02.25. She said the changes (a) shortened and simplified the chapter; (b) updated the current menu of tests offered by the Bureau of Laboratories; and (c) eliminated obsolete tests, added new tests, increased usability for customers, and updated fees based on a market analysis. **Ms. Prisock** reported that changes to 16.02.26 (a) clarified and removed obsolete language through the chapter; and (b) revised program eligibility language and clarified the effect of residence status.

**ADJOURNED:**

There being no further business at this time, **Vice Chairman Riggs** adjourned the meeting at 4:11 p.m.

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Senator Martin  
Chair

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Lena Amoah  
Secretary

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Jeanne Jackson-Heim  
Assistant Secretary



**nami**

**Idaho**

**National Alliance on Mental Illness**

**Idaho Senate Health and Welfare Committee**

**January 25, 2022**

**Presented by**

**Michael Sandvig, President Emeritus**

# NAMI – National Alliance on Mental Illness

- Nation's largest grassroots mental health organization
- Dedicated to building better lives for the millions of Americans affected by mental illness
- Started in 1979 as a small group of families gathered around a kitchen table
- NAMI Idaho was founded and incorporated in 1991

# NAMI Idaho - State Organization

- Our mission is to improve the quality of life for all those affected by mental illness through
  - Support
  - Education
  - Advocacy
- NAMI ID - 501(c)(3) organization presently funded by member dues, private donations, and grants



# NAMI Idaho Local Affiliates

- Far North (Sandpoint, Region 1)
- Coeur d'Alene (Region 1)
- North Central Idaho (Moscow, Region 2)
- Treasure Valley (Region 4)
- Wood River Valley (Region 5)
- Upper Valley (Idaho Falls, Region 7)
- Working to expand in Regions 2, 3, 5 and 6

# COVID-19 Response

- Moved to online support groups
- Zoom format
- Support groups open through out the state
- Trained more support group facilitators
- 56 support groups held monthly, up from 13 in early 2020
- Continuing online, in person and hybrid formats
- Greatly increased availability in rural areas and those without local affiliates



# Mental Health Condition/Illness

- Medical condition impacting the brain
- Impacts people regardless of economic status, religion, race, gender or education
- 50% of all lifetime mental illness begins by age 14
- 75% by age 24
- Average delay between symptom onset and treatment – 11 years

# Mental Health Numbers - Idaho

- 1 in 5 U.S. adults experience mental illness each year
- 311,000 adults in Idaho have a mental health condition
- 71,000 adults in Idaho have a serious mental illness
- 26,000 Idahoans age 12-17 have depression
- 51,000 Idahoans on Medicaid "received specialty mental health services"
  - Invitation To Negotiate (ITN), Idaho Health and Welfare, 12/30/21

# Mental Illness Stigma Must End

- Mental illness is not a lifestyle choice
- Mental illness is not a welfare issue
- Mental illness is not caused by behavior issues
- Mental illness may cause behavior and thought issues
- Stigma is a significant cause for lack of timely identification and treatment
- **With identification and treatment there is hope for recovery**

# Mental Illness Ripple Effect

- Increased risk for chronic disease like cancer and diabetes
- Substance abuse – 18% have mental illness
- Caregivers provide an average of 32 hours per week unpaid care
- 21% of homeless have mental illness
- 37% of people in state and federal prisons have diagnosed mental illness
- 70% of youth in the juvenile justice system have diagnosable condition
- Depression is a leading cause of disability
- Lost productivity
- Suicide

# Thoughts for Policy Makers

- Actions taken by the Legislative and Executive branches directly impact the quality and effectiveness of mental health outcomes
- The 11 year gap receiving effective treatment results in the most costly ripple effects
- Early identification and treatment greatly improves outcomes, recovery and reduced costs
- Your decisions directly impacts the bottom line for Idahoans and the health of Idaho

# RULES FOR 2022 LEGISLATIVE SESSION

Updated 1/14/22 (replaces version dated 12/29/2021)



Rows highlighted in purple are omnibus dockets  
Rows highlighted in blue are required 5-year chapter rewrites  
Rows highlighted in yellow are ad hoc rule changes

CHAPTER, DOCKET & AUTHORITY	CHAPTER TITLE	EFFECTIVE DATE	DESCRIPTION	PRESENTER	CONTR-VERSAL?	PUBLIC PARTICIPATION
<b>Non-Fee Docket &amp; Chapter Changes</b>						
<b>16-0000-2100</b>	All DHW Non-Fee rules	Sine Die	All the DHW Non-Fee rules that were not reauthorized due to the 2021 Legislature.	Tamara Prisock 208.859.7404 Tamara.prisock@dhw.idaho.gov	No	Public Hearing 11/3/21
<b>16.01.03</b> Temp Rule Eff. 8/19/21 Board/Joint	EMS – Agency Licensing Requirements	Sine Die	These changes provide a waiver process to allow part-time Advance Life Support or Intermediate Life Support coverage for prehospital ambulances struggling with staffing issues, or agencies that sometimes have personnel available who can offer more advanced patient care services.			Informal Meetings
<b>16.01.05</b> REWRITE Board/Joint	EMS – Education, Instructor, & Exam Requirements	Sine Die	This rulemaking was conducted to comply with Executive Order 2020-01 which requires agencies to rewrite IDAPA chapters every 5 years on an approved schedule.			4 Negotiated Rulemakings
<b>16.02.23</b> REWRITE Director	Indoor Smoking	Sine Die	This rulemaking was conducted to comply with Executive Order 2020-01 which requires agencies to rewrite IDAPA chapters every 5 years on an approved schedule.			N/A
<b>16.03.06</b> REWRITE Director	Refugee Medical Assistance	Sine Die	This rulemaking was conducted to comply with Executive Order 2020-01 which requires agencies to rewrite IDAPA chapters every 5 years on an approved schedule.			Negotiated Rulemaking
<b>16.03.07</b> REWRITE Board	Home Health Agencies	Sine Die	This rulemaking was conducted to comply with Executive Order 2020-01 which requires agencies to rewrite IDAPA chapters every 5 years on an approved schedule.			Negotiated Rulemaking
<b>16.03.09</b> REWRITE Director	Medicaid Basic Plan Benefits	7/1/2021	This rulemaking was conducted to align rules with Idaho statute, to continue flexibilities offered during the COVID emergency declaration, and make changes that contribute to a more robust provider network.			Public Hearing
<b>16.03.10</b> REWRITE Director	Medicaid Enhanced Plan Benefits	7/1/2021	This rulemaking was conducted to align rules with Idaho statute and to continue flexibilities offered during the COVID emergency declaration.			Public Hearing
<b>16.03.21</b> REWRITE Board	Developmental Disabilities Agencies	Sine Die	This rulemaking was conducted to comply with Executive Order 2020-01 which requires agencies to rewrite IDAPA chapters every 5 years on an approved schedule.			6 Negotiated Rulemakings
<b>16.03.23</b> REWRITE Director	Uniform Assessments for State-Funded Clients	Sine Die	This rulemaking was conducted to comply with Executive Order 2020-01 which requires agencies to rewrite IDAPA chapters every 5 years on an approved schedule.			N/A
<b>16.05.04</b>	ID Council on Domestic Violence &	Sine Die	This change removed an Incorporation By Reference that was inappropriate for this chapter.			N/A

# RULES FOR 2022 LEGISLATIVE SESSION

Updated 1/14/22 (replaces version dated 12/29/2021)



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 Rows highlighted in yellow are ad hoc rule changes

CHAPTER, DOCKET & AUTHORITY	CHAPTER TITLE	EFFECTIVE DATE	DESCRIPTION	PRESENTER	CONTR0-VERSIAL?	PUBLIC PARTICIPATION
Council	Victim Assistance Grant Funding					
<b>16.05.07</b> REWRITE Director	Investigation & Enforcement of Fraud, Abuse, & Misconduct	Sine Die	This rulemaking was conducted to comply with Executive Order 2020-01 which requires agencies to rewrite IDAPA chapters every 5 years on an approved schedule.			2 Negotiated Rulemakings
<b>16.06.13</b> REWRITE Director	Emergency Assistance for Families & Children	Sine Die	This rulemaking was conducted to comply with Executive Order 2020-01 which requires agencies to rewrite IDAPA chapters every 5 years on an approved schedule.			2 Negotiated Rulemakings
<b>16.07.17</b> REWRITE Joint	Substance Use Disorder Services	Sine Die	This rulemaking was conducted to comply with Executive Order 2020-01 which requires agencies to rewrite IDAPA chapters every 5 years on an approved schedule.			2 Negotiated Rulemakings
<b>16.07.39</b> REWRITE Director	Designated Examiners & Dispositioners	Sine Die	This rulemaking was conducted to comply with Executive Order 2020-01 which requires agencies to rewrite IDAPA chapters every 5 years on an approved schedule.			2 Negotiated Rulemakings

## Non-Fee Chapters with NO changes:

16.01.02, EMS - Rule Definitions	16.03.11, Intermediate Care Facilities for Individuals with Intellectual Disabilities
16.01.06, EMS - Data Collection and Submission Requirements	16.03.13, Consumer-Directed Services
16.01.12, EMS - Complaints, Investigations, and Disciplinary Actions	16.03.14, Hospitals
16.02.02, Idaho EMS Physician Commission	16.03.17, Medicare/Medicaid Coordinated Plan Benefits
16.02.06, Quality Assurance for Idaho Clinical Laboratories	16.03.24, The Medically Indigent Program
16.02.10, Idaho Reportable Diseases	16.03.25, Idaho Medicaid Promoting Interoperability (PI) Program
16.02.11, Immunization Requirements Licensed Daycare Facility Attendees	16.04.14, Low-Income Home Energy Assistance Program (LIHEAP)
16.02.12, Newborn Screening	16.04.17, Residential Habilitation Agencies
16.02.15, Immunization Requirements for Idaho School Children	16.05.01, Use and Disclosure of Department Records
16.02.19, Idaho Food Code	16.05.03, Contested Case Proceedings and Declaratory Rulings
16.02.24, Clandestine Drug Laboratory Cleanup	16.06.05, Alleged Medical Neglect of Disabled Infants
16.03.01, Eligibility for Health Care Assistance for Families and Children	16.06.12, Idaho Child Care Program (ICCP)
16.03.02, Skilled Nursing Facilities	16.07.19, Certification of Peer Support Specialists and Family Support Partners
16.03.04, Idaho Food Stamp Program	16.07.25, Prevention of Minors' Access to Tobacco Products
16.03.05, Eligibility for Aid to the Aged, Blind, and Disabled (AABD)	16.07.33, Adult Mental Health Services
16.03.08, Temporary Assistance for Families in Idaho (TAFI)	16.07.37, Children's Mental Health Services

# RULES FOR 2022 LEGISLATIVE SESSION

Updated 1/14/22 (replaces version dated 12/29/2021)



Rows highlighted in purple are omnibus dockets

Rows highlighted in blue are required 5-year chapter rewrites

Rows highlighted in yellow are ad hoc rule changes

CHAPTER, DOCKET & AUTHORITY	CHAPTER TITLE	EFFECTIVE DATE	DESCRIPTION	PRESENTER	CONTR-VERSAL?	PUBLIC PARTICIPATION
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## Fee Docket & Chapter Changes

<b>16-0000-2100F</b>	All DHW Fee rules	Sine Die	All the DHW Fee rules that were not be reauthorized due to the 2021 Legislature.	Tamara Prisock 208.859.7404 Tamara.prisock@dhw.idaho.gov	No	Public Hearing 11/3/21
<b>16.02.08</b> REWRITE Board	Vital Statistics Rules	Sine Die	This rulemaking was conducted to comply with Executive Order 2020-01 which requires agencies to rewrite IDAPA chapters every 5 years on an approved schedule.			Negotiated Rulemaking
<b>16.02.25</b> REWRITE Director	State Laboratory Fees	Sine Die	This rulemaking was conducted to comply with Executive Order 2020-01 which requires agencies to rewrite IDAPA chapters every 5 years on an approved schedule.			3 Negotiated Rulemakings
<b>16.02.26</b> REWRITE Director	Children's Special Health Program	Sine Die	This rulemaking was conducted to comply with Executive Order 2020-01 which requires agencies to rewrite IDAPA chapters every 5 years on an approved schedule.			2 Negotiated Rulemakings
<b>16.03.22</b> Regular Rulemaking Board	Residential Assisted Living Facilities	Sine Die	This rulemaking was conducted to reduce regulatory burden by replacing the Informal Dispute Resolution process with alternative steps for facilities to appeal enforcement actions taken against their license, and to clarify which Assistance with Medications course is acceptable to satisfy the staff training requirement for licensure of assisted living facilities.			N/A – main change was made due to court decision
<b>16.06.01</b> Regular Rulemaking Joint	Child & Family Services	Sine Die	H0336 passed during the 2021 Legislative Session to include Extended Foster Care in 16.06.01. Federal Law 42 U.S.C. 675(8)(B)(iv), provides additional clarity to the requirements for Extended Foster Care. It clarifies & updates age & eligibility requirements and defines "extended foster care" & "child" to ensure alignment across the rule chapter			N/A Complying to statute
<b>16.06.02</b> Regular Rulemaking Joint	Child Care Licensing	Sine Die	During the 2021 legislative session HB 336 mandated that the Department implement Extended Foster Care for Youth to age 21. This mandate requires a modification to existing definitions in childcare licensing rules to clarify that youth may remain in a licensed foster home until they reach age 21.			N/A Complying to statute

### Fee Chapters with NO changes:

- 16.01.07, "Emergency Medical Services (EMS) - Personnel Licensing Requirements"
- 16.02.01 "Idaho Time Sensitive Emergency System Council"
- 16.02.13, "State of Idaho Drinking Water Laboratory Certification Program"
- 16.02.14, "Construction and Operation of Public Swimming Pools"
- 16.02.27, "Idaho Radiation Control Rules"
- 16.03.03 "Child Support Services"



**RULES FOR 2022 LEGISLATIVE SESSION**  
Updated 1/14/22 (replaces version dated 12/29/2021)



Rows highlighted in purple are omnibus dockets  
Rows highlighted in blue are required 5-year chapter rewrites  
Rows highlighted in yellow are ad hoc rule changes

CHAPTER, DOCKET & AUTHORITY	CHAPTER TITLE	EFFECTIVE DATE	DESCRIPTION	PRESENTER	CONTRO- VERSIAL?	PUBLIC PARTICIPATION
16.03.18, "Medicaid Cost-Sharing"						
16.03.19, "Certified Family Homes"						
16.04.07 "Fees for State Hospital North and State Hospital South"						
16.05.06, "Criminal History and Background Checks"						
16.07.01, "Behavioral Health Sliding Fee Schedules"						

**AMENDED AGENDA #2**  
**SENATE HEALTH & WELFARE COMMITTEE**  
**3:00 P.M.**  
**Room WW54**  
**Wednesday, January 26, 2022**

For members of the public to observe the meeting, please click on the following link:  
<https://www.idahoptv.org/shows/idahoinsession/ww54/>

SUBJECT	DESCRIPTION	PRESENTER
PRESENTATION	SMA: Newborn Screening	Stephanie Walters, Clinical Coordinator, IDHW Maternal and Child Health Hayley McDonald, Certified Occupational Therapist Assistant, COTA, CST-T, The Lotus Tree Therapy Center
<a href="#"><u>15-0200-2100</u></a>	Notice of Omnibus Rulemaking - Proposed Rule	Mike Walsh, Rehabilitation Services Chief, Idaho Commission for the Blind and Visually Impaired

***Public Testimony Will Be Taken by Registering Through the Following Link:***  
***[Register to Testify](#)***

***If you have written testimony, please provide a copy to the committee secretary.***

COMMITTEE MEMBERS

Chairman Martin  
Vice Chairman Riggs  
Sen Heider  
Sen Lee

Sen VanOrden (Bair)  
Sen Zito  
Sen Stennett  
Sen Wintrow

COMMITTEE SECRETARY

Lena Amoah  
Room: WW35  
Phone: 332-1319  
Email: [shel@senate.idaho.gov](mailto:shel@senate.idaho.gov)

Sen Harris

MINUTES  
**SENATE HEALTH & WELFARE COMMITTEE**

**DATE:** Wednesday, January 26, 2022

**TIME:** 3:00 P.M.

**PLACE:** Room WW54

**MEMBERS PRESENT:** Chairman Martin, Vice Chairman Riggs, Senators Heider, Lee, Harris, VanOrden (Bair), Zito, Stennett, and Wintrow

**ABSENT/ EXCUSED:** None

**NOTE:** The sign-in sheet, testimonies and other related materials will be retained with the minutes in the committee's office until the end of the session and will then be located on file with the minutes in the Legislative Services Library.

**CONVENED:** **Chairman Martin** called the meeting of the Senate Health and Welfare Committee (Committee) to order at 3:01 p.m.

**Vice Chair Riggs** gave a brief update on the rules and red line corrections. **Chairman Martin** noted voting on the dockets was withheld pending the Committee's examination of the changes.

**PRESENTATION:** **SMA: Newborn Screening. Stephanie Walters**, Clinical Coordinator, Idaho Department of Health and Welfare (IDHW) Maternal and Child Health, outlined the process of newborn screening. She stated newborn screening was one of the nation's most successful public health programs. When newborns receive an early diagnosis and treatment, families and health care providers can successfully manage many of the identified conditions. **Ms. Walters** noted because of the screening, the quality of life for the infant was improved and the burden of health care costs were reduced (Attachment 1).

**DISCUSSION:** **Senator Wintrow** remarked she was puzzled about where the money came from as the State did not fund newborn screening and who paid for the screening. **Ms. Walters** reported the money currently came from the fees associated with collection costs through the insurance companies.

**PRESENTATION:** **Hayley McDonald**, Certified Occupational Therapist Assistant, Children's Organ Transplant Association (COTA), Certified Surgical Technologist (CST-T), The Lotus Tree Therapy Center, reported on the importance of newborn screening. She related a story about her daughter who was diagnosed with Spinal Muscular Atrophy (SMA), a neuromuscular disease that affected the motor nerve cells in the spinal cord, impeding a person's ability to walk, swallow, and breathe, and how even though she passed the newborn screening, she was finally diagnosed with this disease and died at the age of seven months. Her message was that newborn screening saved lives by giving parents of babies an immediate diagnosis. Her purpose was to raise awareness (Attachment 2).

**DISCUSSION:** **Senator VanOrden** and **Ms. Walters** discussed the various types of infant screenings tests. They discussed that screening for hearing was not included or required in newborn screening, but voluntary.

**PASSED THE GAVEL:** Chairman Martin passed the gavel to Vice Chairman Riggs.

**DOCKET NO.**  
**15-0200-2100**

**Notice of Omnibus Rulemaking - Proposed Rule. Mike Walsh**, Rehabilitation Services Chief, Idaho Commission for the Blind and Visually Impaired, highlighted the changes in the docket. He noted chapters were combined and outdated language eliminated. He pointed out some proposed changes to the Committee.

**DISCUSSION:**

A discussion ensued among the Committee members as to how to implement the proposed changes in temporary rule.

**PASSED THE  
GAVEL:**

Vice Chairman Riggs passed the gavel back to Chairman Martin.

**ADJOURNED:**

There being no further business at this time, **Chairman Martin** adjourned the meeting at 3:39 p.m.

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Senator Martin  
Chair

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Lena Amoah  
Secretary

---

Linda Kambeitz, Asst. Secretary

Good afternoon Mr. Chairman, members of the Committee, thank you for the opportunity to come before you today.

My name is Stephanie Walters. I work for the Department of Health and Welfare in the Division of Public Health-- Bureau of Clinical and Preventative Services. I am the Children and Youth with Special Health Care Needs Director and I oversee the Newborn Screening Program.

**Why is NBS important?**

I am here to share the importance of newborn screening. According to the Centers for Disease Control and Prevention or CDC, newborn screening is one of the nation's most successful public health programs, because when newborns receive an early diagnosis and treatment, families and health care providers can successfully manage many of the identified conditions, which improve the quality of life for the infant and significantly reduces the burden of health care costs. Newborn screening saves 5,000 lives annually in the United States, and between 20-30 lives in Idaho each year.

**So, what exactly is newborn screening?**

Newborn screening identifies conditions that can affect an infant's long-term health or survival. Early detection, diagnosis, and treatment can prevent death or disability and enable children to reach their full potential. There are three components of newborn screening in Idaho: hearing screening, critical congenital heart disease screening, and blood spot or metabolic screening. Before discharge from the hospital or birth center, infants receive a screen for hearing loss, are tested for critical congenital heart disease, and receive a blood spot test or metabolic screen where using a few drops of blood from the newborn's heel, the infant can be tested for certain genetic, endocrine, and metabolic disorders. Idaho requires the blood spot and the critical congenital heart disease screens. Parents have the right to refuse the blood spot screening for religious reasons. Hearing screening in Idaho is still voluntary with high screening rates.

I am here today to speak about the newborn screening related to the blood spot or metabolic screen. From this point forth when I say newborn screening, I will be referring to the blood spot screen. Newborn screening is the practice of testing every newborn for certain rare genetic and inherited conditions that could cause

*Attachment 1  
Stephanie Walters  
Senate Health & Welfare  
January 26, 2022*

there are 20 to 30 infants diagnosed each year in Idaho. In 2020, a total of 21,534 infants received newborn screening and 24 infants were diagnosed with a newborn screening condition.

Laboratory technology allows screening for many conditions from a small amount of blood. As this technology evolves, new conditions can be added to Idaho's recommended panel of conditions that we screen for. The Newborn Screening Program relies on technical, clinical, and advisory groups to evaluate the addition of new conditions to our recommended screening panel. These deliberations are objective with opportunity for input from health care providers, medical experts, parents, advocates, legislators, and other public health programs. This decision is not as simple as adding the new condition to the screening test. It must take numerous matters into consideration including existing technology; accessible diagnostic testing and treatment; and that the cost of population-based screening for a specific condition outweighs the cost of risk-based screening or other approaches.

The Idaho Newborn Screening Program will expand the list of conditions for which it screens on February 1st, from 47 to a total of 51. The four new conditions are:

1. Glycogen storage disease type II (Pompe)
2. Mucopolysaccharidosis Type-1 (MPS-1)
3. Adrenoleukodystrophy (X-ALD)
4. Spinal Muscular Atrophy (SMA)

Glycogen storage disease type II (Pompe) and Mucopolysaccharidosis Type-1 (MPS-1) are both inherited lysosomal storage disorders that affect many different parts of the body. Lysosomes act as the recycling center of the cell. With Pompe and MPS-1, lysosomes cannot break down certain kinds of complex sugars and this causes undigested sugar molecules and other harmful substances to build up in cells of the body causing the varying symptoms found with these disorders.

Adrenoleukodystrophy (X-ALD) and Spinal Muscular Atrophy (SMA) are inherited disorders like Pompe and MPS-1. X-ALD occurs when very long chain fatty acids cannot be broken down in the body. These built up fats affect the nervous system and adrenal glands causing difficulties swallowing, weakness in the legs, seizures, weight loss, vomiting, and acute adrenal crisis, which is a life-threatening condition. SMA is caused by the loss of motor neurons of the spinal cord. Motor



Make today a breakthrough.

**Testimony of**  
**Hayley McDonald, Cure SMA Supporter**  
**Boise, Idaho**  
**Before the**  
**Idaho Senate Health and Welfare Committee**  
**on the**  
**Implementation of newborn screening for**  
**spinal muscular atrophy in Idaho**

Chairman Martin, Vice Chair Riggs, and Members of the Committee,

Thank you for again inviting me to speak before the Health and Welfare Committee on Idaho's implementation of newborn screening of spinal muscular atrophy—or SMA.

I am Hayley McDonald from Boise. I am a lifelong Idaho resident and an active supporter of Cure SMA, the leading national organization that represents individuals with SMA and their families.

One year ago, on February 22, 2021, my husband, Bill, and I appeared before this committee to talk about the importance of newborn screening of SMA, a rare neuromuscular disease that affects the motor nerve cells in the spinal cord, impeding a person's ability to walk, swallow, and breathe.

I shared with you how this devastating disease took our precious little girl, Liv, from us in 2017 at less than 7 months of age. I told you about our joy in bringing Liv home after her birth on March 7, 2017. She was the most beautiful little girl who had the most expressive eyebrows. Her vital signs were normal, and she was released from the hospital following a routine delivery. But within 2 weeks, we started to see warning signs—first related to difficulty in feeding and then because of missed developmental milestones. This began our diagnostic journey that included several doctors' visits and a trip to the hospital. On May 26, 2017, Liv was diagnosed with SMA Type 1, the most common and severe form of SMA.

As I shared with this committee earlier, infants with SMA Type 1 lose 90% of the motor neurons needed for physical strength by 6 months of age. Once these neurons are lost,

*Senate Health & Welfare*  
*January 26, 2022*

*attachment 2*  
*Hayley McDonald*



**AMENDED AGENDA #2**  
**SENATE HEALTH & WELFARE COMMITTEE**  
**3:00 P.M.**  
**Room WW54**  
**Tuesday, February 01, 2022**

For members of the public to observe the meeting, please click on the following link:  
<https://www.idahoptv.org/shows/idahoinsession/ww54/>

<b>SUBJECT</b>	<b>DESCRIPTION</b>	<b>PRESENTER</b>
<a href="#"><u>RS 29112C1</u></a>	Change notarization requirements for background checks	Fernando Castro, Program Supervisor, Criminal History Unit, Dept. of Health & Welfare
<a href="#"><u>RS 29114C1</u></a>	Remove Southwest Idaho Treatment Center as an ICT/IID Intermediate Care Facility for individuals who have developmental disabilities	Cameron Gilliland, Administrator, Family & Community Services, Dept. of Health & Welfare
<a href="#"><u>RS 29115C2</u></a>	State hospitals and treatment facilities	Ross Edmunds, Administrator, Behavior Health, Dept. of Health and Welfare
<a href="#"><u>RS 29213</u></a>	Property tax, medicaid income	Senator Wintrow
<a href="#"><u>RS 29300</u></a>	Insurance - Contraception	Senator Wintrow
<a href="#"><u>S 1245</u></a>	PHARMACISTS - Amends existing law to revise and consolidate definitions.	Tim Frost , Deputy Administrator, Idaho Division of Occupational and Professional Licenses
<a href="#"><u>S 1246</u></a>	CONTROLLED SUBSTANCES - Amends existing law to revise the lists of Schedule I, II, IV, and V controlled substances.	Tim Frost

***Public Testimony Will Be Taken by Registering Through the Following Link:***  
***[Register to Testify](#)***

***If you have written testimony, please provide a copy to the committee secretary.***

COMMITTEE MEMBERS

Chairman Martin  
Vice Chairman Riggs  
Sen Heider  
Sen Lee  
Sen Harris

Sen VanOrden (Bair)  
Sen Zito  
Sen Stennett  
Sen Wintrow

COMMITTEE SECRETARY

Lena Amoah  
Room: WW35  
Phone: 332-1319  
Email: [shel@senate.idaho.gov](mailto:shel@senate.idaho.gov)

MINUTES  
**SENATE HEALTH & WELFARE COMMITTEE**

**DATE:** Tuesday, February 01, 2022

**TIME:** 3:00 P.M.

**PLACE:** Room WW54

**MEMBERS PRESENT:** Chairman Martin, Vice Chairman Riggs, Senators McClusky (Heider), Lee, Harris, VanOrden (Bair), Zito, Stennett, and Wintrow

**ABSENT/ EXCUSED:** None

**NOTE:** The sign-in sheet, testimonies and other related materials will be retained with the minutes in the committee's office until the end of the session and will then be located on file with the minutes in the Legislative Services Library.

**CONVENED:** **Chairman Martin** called the meeting of the Senate Health and Welfare Committee (Committee) to order at 3:00 p.m.

**RS 29112C1** **Relating to Criminal History and Background Checks.** **Fernando Castro**, Program Supervisor, Criminal History Unit, Idaho Department of Health and Welfare (DHW), introduced himself to the Committee. **Mr. Castro** explained the proposed legislation would allow an applicant to electronically sign a background check application, rather than have the signature notarized. He identified anticipated cost savings for DHW staff and applicants resulting from the legislation. **Mr. Castro** stated there would be no fiscal impact to implement the change.

**MOTION:** **Senator Lee** moved to send **RS 29112C1** to print. **Vice Chairman Riggs** seconded the motion. The motion carried by **voice vote**.

**RS 29114C1** **Relating to the Southwest Idaho Treatment Center.** **Cameron Gilliland**, Administrator, Family and Community Services, DHW, introduced himself to the Committee. **Mr. Gilliland** advised the proposed legislation would remove a reference to the Southwest Idaho Treatment Center (SWITC) as an Intermediate Care Facility (ICF). He noted that SWITC had been licensed as an ICF for a number of years. SWITC was now transitioning to a short-term treatment model, he said. **Mr. Gilliland** reported that DHW reviewed the change with stakeholders. He added the change was required to ensure SWITC was compliant with its licensure.

**MOTION:** **Senator VanOrden** moved to send **RS 29114C1** to print. **Senator Heider** seconded the motion.

**DISCUSSION:** **Vice Chairman Riggs** pointed out a typographical error in the fiscal note for the RS. He asked that it be corrected prior to the full hearing on the bill.

**VOICE VOTE:** The motion to send **RS 29114C1** to print carried by **voice vote**.

**RS 29115C2** **RELATING TO STATE HOSPITALS AND TREATMENT FACILITIES.** **Ross Edmunds**, Administrator, Division of Behavioral Health, DHW, introduced himself to the Committee. **Mr. Edmunds** stated that this proposed legislation added references to State Hospital West to the list of state hospitals in Idaho Code. He added the RS also included minor clean-up changes.

**MOTION:** **Senator VanOrden** moved to send **RS 29115C2** to print. **Senator Stennett** seconded the motion. The motion carried by **voice vote**.

**RS 29213**      **RELATING TO PROPERTY TAX REDUCTION.** **Senator Wintrow**, District 19, said that **RS 29213** would exclude Medicaid reimbursements as income when certified family home operators applied for the property tax circuit breaker. She said federal law did not count such Medicaid reimbursements as income. **Senator Wintrow** explained the State saves millions of dollars by placing people with physical and mental disabilities in certified family homes rather than institutions. **Senator Wintrow** explained how the fiscal impact of \$350,000 was calculated.

**MOTION:**      **Senator Lee** moved to send **RS 29213** to print. **Vice Chairman Riggs** seconded the motion. The motion carried by **voice vote**.

**RS 29300**      **RELATING TO INSURANCE.** **Senator Wintrow** reported this proposed legislation would allow a physician to prescribe up to a six-month supply of contraceptives when refilling a prescription. She observed that passage of the legislation would result in shorter wait times for prescriptions. **Senator Wintrow** remarked that she addressed the concerns raised about previous versions of the legislation. She said interested groups were either unopposed or neutral.

**MOTION:**      **Senator Stennett** moved to send **RS 29300** to print. **Senator Van Orden** seconded the motion. The motion carried by **voice vote**.

**S 1245**      **PHARMACISTS - Amends existing law to revise and consolidate definitions.** **Tim Frost**, Deputy Administrator, Idaho Division of Occupational and Professional Licenses, introduced himself to the Committee. **Mr. Frost** explained this bill (a) moved several definitions from rule to statute; (b) consolidated all definitions into one statute; and (c) clarified that drug outlets could participate in mutual recognition agreements. He thanked the Legislature for establishing multistate pharmacy licenses in 2019 to facilitate license portability and pandemic response. **Mr. Frost** mentioned the legislation would not impact the General Fund or federal fund.

**DISCUSSION:**      **Vice Chairman Riggs** pointed out a typographical error in the Statement of Purpose. He asked that it be corrected.

**MOTION:**      **Senator Harris** moved to send **S 1245** to the floor with a **do pass** recommendation. **Senator Heider** seconded the motion. The motion carried by **voice vote**.

**S 1246**      **CONTROLLED SUBSTANCES - Amends existing law to revise the lists of Schedule I, II, IV, and V controlled substances.** **Mr. Frost** reported the bill would update the Idaho Uniform Controlled Substances Act to include the United States Drug Enforcement Administration's 2021 scheduling decisions. He reviewed the drugs added to the various schedules and their purposes.

**MOTION:**      **Senator Wintrow** moved to send **S 1246** to the floor with a **do pass** recommendation. **Vice Chairman Riggs** seconded the motion. The motion carried by **voice vote**.

**ADJOURNED:**      There being no further business at this time, **Chairman Martin** adjourned the meeting at 3:30 p.m.

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Senator Martin  
Chair

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Lena Amoah  
Secretary

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Jeanne Jackson-Heim  
Assistant Secretary

**AMENDED AGENDA #1**  
**SENATE HEALTH & WELFARE COMMITTEE**  
**3:00 P.M.**  
**Room WW54**  
**Wednesday, February 02, 2022**

For members of the public to observe the meeting, please click on the following link:  
<https://www.idahoptv.org/shows/idahoinsession/ww54/>

<b>SUBJECT</b>	<b>DESCRIPTION</b>	<b>PRESENTER</b>
<a href="#"><u>RS 29280</u></a>	Deaths, notifications	Kellie Brassfield, Policy Analyst, Idaho Association of Counties Dottie Owens, Ada County Coroner
<a href="#"><u>RS 29339</u></a>	Intestate notifications, next of kin	Senator Heider

COMMITTEE MEMBERS

Chairman Martin  
Vice Chairman Riggs  
Sen Heider  
Sen Lee  
Sen Harris

Sen VanOrden (Bair)  
Sen Zito  
Sen Stennett  
Sen Wintrow

COMMITTEE SECRETARY

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MINUTES  
**SENATE HEALTH & WELFARE COMMITTEE**

**DATE:** Wednesday, February 02, 2022

**TIME:** 3:00 P.M.

**PLACE:** Room WW54

**MEMBERS PRESENT:** Chairman Martin, Senators Heider, Lee, Harris, Zito, and Wintrow

**ABSENT/ EXCUSED:** Vice Chairman Riggs, Senators VanOrden (Bair) and Stennett

**NOTE:** The sign-in sheet, testimonies and other related materials will be retained with the minutes in the committee's office until the end of the session and will then be located on file with the minutes in the Legislative Services Library.

**CONVENED:** **Chairman Martin** called the meeting of the Senate Health and Welfare Committee (Committee) to order at 3:00 p.m.

**RS 29280** **Relating to Deaths.** **Kellie Brassfield**, Policy Analyst, Idaho Association of Counties, introduced herself to the Committee. **Ms. Brassfield** advised that the proposed legislation would increase the time to notify next of kin from 48 to 72 hours. She added that time to cremate remains would be reduced from 14 days to 10 days.

**MOTION:** **Senator Lee** moved to send **RS 29280** to print. **Senator Wintrow** seconded the motion. The motion carried by **voice vote**.

**RS 29339** **Relating to Deceased Persons.** **Chairman Martin** reported that this RS addresses the same issues as **RS 29280**. He added that it was drafted by a different analyst.

**DISCUSSION:** There was Committee discussion regarding the best approach to reconcile the two RS's.

**MOTION:** **Senator Lee** moved to send **RS 29339** to print. **Senator Wintrow** seconded the motion. The motion carried by **voice vote**.

**ADJOURNED:** There being no further business at this time, **Chairman Martin** adjourned the meeting at 3:13 p.m.

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Senator Martin  
Chair

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Lena Amoah  
Secretary

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Jeanne Jackson-Heim  
Assistant Secretary